

DEPARTMENT OF FINANCIAL INSTITUTIONS
1025 Capital Center Drive, Suite 200
Frankfort, Kentucky 40601

**ANNUAL RENEWAL APPLICATION
FOR A CHECK CASHING/DEFERRED DEPOSIT TRANSACTION LICENSE**

Complete Legal Name of Licensee (as printed on license)_____

License Number _____

Please answer all questions, use as many separate pages as are necessary to complete the application. **If ALL questions are not answered the application will be returned.**

To the Commissioner, Department of Financial Institutions of Kentucky:

The undersigned hereby applies for renewal of a license to conduct a Check Cashing/Deferred Deposit Transaction business, as provided in Kentucky Financial Services Code 286.9, at the following location(s) in Kentucky:

_____ (Street)	_____ (City)	_____ (Telephone #)
_____ (Street)	_____ (City)	_____ (Telephone #)
_____ (Street)	_____ (City)	_____ (Telephone #)
_____ (Street)	_____ (City)	_____ (Telephone #)
_____ (Street)	_____ (City)	_____ (Telephone #)

- 1.) Has any officer, employee or owner been convicted of violating any of the provisions of this Act, or similar Act(s) in this or other states? If yes, please describe on a separate sheet.
- 2.) Has any officer, employee or owner been connected directly or indirectly as principal or employee with any business licensed under this Act, or similar Act(s), in this or other states where said license was revoked? If yes, please describe on a separate sheet.
- 3.) Has any officer, employee or owner been suspended or removed by any agency or department of the United States, or any State from participation in the conduct of any business? If yes, describe on a separate sheet.

- 4.) Has any officer, employee or owner been convicted of a felony or any misdemeanor of which an essential element was fraud, breach of trust, or dishonesty in the past 10 years? If so, please describe on a separate sheet.
- 5.) Does the licensee conduct a check cashing business in any other state(s)? If so, list all states where currently operating, and indicate if said operation(s) is/are licensed to do business in that/those state(s) and under what name on a separate sheet.
- 6.) Has the licensee changed it's form of business organization (e.g. from partnership or individual to corporation) and/or percentage of ownership since the last application or renewal? If so, please describe on a separate sheet.
- 7.) Please list name(s), direct phone number, E-mail address, and fax number of person(s) to contact for licensing and regulatory/compliance issues on a separate sheet.
- 8.) Please list a 'Corporate' E-mail address that should be used in order relay important updates/mass mailing communications concerning Check Cashier issues.
- 9.) Please list licensee's Federal Tax Identification Number on a separate sheet.
- 10.) A copy of the licensee's current irrevocable letter of credit, surety bond, or escrow agreement must be submitted with the application.
- 11.) Please list the current agent for service on a separate sheet. KRS 286.9-073 requires every person licensed to maintain an agent in the Commonwealth for service process.

STATE OF KENTUCKY _____ COUNTY, ss.:

I _____, hereby declare on my oath that I have executed this application as
(Name of person signing application)

(Individual application, partner of applicant, or officer of applicant—if officer, state office held)

and that the facts stated in the application are true and correct.

(Signature of Individual Applicant or Partner of Officer of Applicant)

Subscribed and sworn before me, this _____ day
of _____, 20_____

(Notary Public)

My Commission expires _____